U.S. Department of Labor

Benefits Review Board
200 Constitution Ave. NW
Washington, DC 20210-0001

BRB No. 24-0464 BLA

RONALD D. MASSEY Claimant-Respondent v. U.S. STEEL MINING COMPANY, ALABAMA, LLC and UNITED STATES STEEL CORPORATION Employer/Carrier-Petitioners DIRECTOR, OFFICE OF WORKERS' COMPENSATION PROGRAMS, UNITED STATES DEPARTMENT OF LABOR Party-in-Interest	)	**NOT-PUBLISHED** DATE ISSUED: 02/27/2026 DECISION and ORDER

Appeal of the Decision and Order Awarding Benefits of Sean M. Ramaley, Administrative Law Judge, United States Department of Labor.

Deanna Lyn Istik (Sinatra & Istik Law Office, PLLC), Cranberry Township, Pennsylvania, for Claimant.

William S. Mattingly (Jackson Kelly PLLC), Lexington, Kentucky, for Employer.

Before: GRESH, Chief Administrative Appeals Judge, JONES and ULMER, Administrative Appeals Judges.

PER CURIAM:

Employer appeals Administrative Law Judge (ALJ) Sean M. Ramaley's Decision and Order Awarding Benefits (2022-BLA-05529) rendered on a claim filed on May 5, 2021,[1] pursuant to the Black Lung Benefits Act, as amended, 30 U.S.C. §§901-944 (2018) (Act).

The ALJ credited Claimant with 10.39 years of coal mine employment and thus found he could not invoke the presumption of total disability due to pneumoconiosis at Section 411(c)(4) of the Act, 30 U.S.C. §921(c)(4) (2018).[2] Considering entitlement under 20 C.F.R. Part 718, the ALJ found Claimant did not establish clinical pneumoconiosis, but established legal pneumoconiosis in the form of an obstructive lung disease or impairment arising out of coal mine employment.[3] 20 C.F.R §718.202(a). He further found Claimant established a totally disabling respiratory or pulmonary impairment due to legal pneumoconiosis. 20 C.F.R §718.204(b)(2), (c). Thus, he awarded benefits.

On appeal, Employer argues the ALJ erred finding Claimant established legal pneumoconiosis and total disability.[4] Claimant responds in support of the award of

[1] Claimant filed a prior claim but withdrew it. Director's Exhibit 13; Employer's Exhibit 6 at 4-5. A withdrawn claim is considered "not to have been filed." 20 C.F.R. §725.306(b).

[2] Section 411(c)(4) of the Act provides a rebuttable presumption that a miner is totally disabled due to pneumoconiosis if he has at least fifteen years of underground or substantially similar surface coal mine employment and a totally disabling respiratory or pulmonary impairment. 30 U.S.C. §921(c)(4) (2018); *see* 20 C.F.R. §718.305.

[3] "Legal pneumoconiosis" includes any chronic lung disease or impairment and its sequelae arising out of coal mine employment. 20 C.F.R. §718.201(a)(2). The definition includes "any chronic pulmonary disease or respiratory or pulmonary impairment significantly related to, or substantially aggravated by, dust exposure in coal mine employment." 20 C.F.R. §718.201(b). "Clinical pneumoconiosis" consists of "those diseases recognized by the medical community as pneumoconioses, *i.e.*, the conditions characterized by permanent deposition of substantial amounts of particulate matter in the lungs and the fibrotic reaction of the lung tissue to that deposition caused by dust exposure in coal mine employment." 20 C.F.R. §718.201(a)(1).

[4] We affirm, as unchallenged on appeal, the ALJ's finding that Claimant established 10.39 years of coal mine employment. *See Skrack v. Island Creek Coal Co.*, 6 BLR 1-710, 1-711 (1983); Decision and Order at 10.

benefits. The Director, Office of Workers' Compensation Programs, has not filed a response brief.

The Benefits Review Board's scope of review is defined by statute. We must affirm the ALJ's Decision and Order if it is rational, supported by substantial evidence, and in accordance with applicable law.[5] 33 U.S.C. §921(b)(3), as incorporated by 30 U.S.C. §932(a); *O'Keeffe v. Smith, Hinchman & Grylls Assocs., Inc.*, 380 U.S. 359, 361-62 (1965).

Without the benefit of the statutory presumptions, Claimant must establish disease (pneumoconiosis); disease causation (it arose out of coal mine employment); disability (a totally disabling respiratory or pulmonary impairment); and disability causation (pneumoconiosis substantially contributed to the disability). 30 U.S.C. §901; 20 C.F.R. §§718.3, 718.202, 718.203, 718.204. Failure to establish any one of these elements precludes an award of benefits. *Anderson v. Valley Camp of Utah, Inc.*, 12 BLR 1-111, 1-112 (1989); *Trent v. Director, OWCP*, 11 BLR 1-26, 1-27 (1987); *Perry v. Director, OWCP*, 9 BLR 1-1 (1986) (en banc).

Legal Pneumoconiosis

To establish legal pneumoconiosis, Claimant must demonstrate he has a chronic lung disease or impairment "significantly related to, or substantially aggravated by, dust exposure in coal mine employment." 20 C.F.R. §718.201(a)(2), (b). The Fourth Circuit has held a claimant can establish legal pneumoconiosis by showing coal dust exposure contributed "in part" to a miner's respiratory or pulmonary impairment. *See Westmoreland Coal Co. v. Cochran*, 718 F.3d 319, 322-23 (4th Cir. 2013); *Harman Mining Co. v. Director, OWCP* [*Looney*], 678 F.3d 305, 311 (4th Cir. 2012); *see also Arch on the Green v. Groves*, 761 F.3d 594, 598-99 (6th Cir. 2014) (A miner can establish legal

[5] This case arises within the jurisdiction of the United States Court of Appeals for the Fourth Circuit because Claimant performed his coal mine employment in West Virginia. *See Shupe v. Director, OWCP*, 12 BLR 1-200, 1-202 (1989) (en banc); Director's Exhibit 14; Hearing Transcript at 26. Employer argues the ALJ did not specify which circuit court jurisdiction's law he was applying in his Decision and Order. Employer's Brief at 3. Thus, to the extent he applied law from any other circuit court and did not consistently apply Fourth Circuit law, Employer argues the ALJ erred. *Id*. This argument has no merit, as the ALJ noted Claimant's coal mine employment took place in West Virginia. Decision and Order at 4. Moreover, the ALJ repeatedly cited Fourth Circuit law throughout his Decision and Order. Finally, Employer has failed to identify any aspect of the ALJ's Decision and Order that is inconsistent with Fourth Circuit law. *See Shinseki v. Sanders*, 556 U.S. 396, 413 (2009) (appellant must explain how the "error to which [it] points could have made any difference").

pneumoconiosis "by showing that his disease was caused 'in part' by coal mine employment.").

The ALJ considered the medical opinions of Drs. Go, Sood, Ranavaya, Celko, and Fino. Decision and Order at 29-33. Drs. Go, Sood, and Celko diagnosed Claimant with an obstructive lung disease or impairment significantly related to, or substantially aggravated by, coal mine dust exposure. Director's Exhibit 33; Claimant's Exhibits 1-1A, 3-3A; Employer's Exhibits 4, 5. Drs. Fino and Ranavaya determined there was insufficient evidence to justify a diagnosis of legal pneumoconiosis. Director's Exhibit 37; Employer's Exhibit 7.

The ALJ found the opinions of Drs. Go and Sood reasoned and documented, and the opinions of Drs. Celko, Fino, and Ranavaya inadequately reasoned. Decision and Order at 31-33. Consequently, he found the weight of the evidence establishes legal pneumoconiosis. *Id*.

Employer argues the ALJ erred in weighing the medical opinions. Employer's Brief at 7-9. We disagree.

Dr. Go diagnosed Claimant with chronic bronchitis based on a history of chronic productive cough with daily sputum production. Claimant's Exhibit 1 at 5. He stated Claimant's symptoms of dyspnea and wheezing are consistent with obstructive lung disease. *Id*. After summarizing the results of a May 27, 2021 pulmonary function study, he interpreted it as revealing a severe obstructive ventilatory impairment with no "significant spirometric response to bronchodilator administration," along with a mild diffusion impairment. *Id*. at 3. Based on these results, he diagnosed an obstructive lung impairment. *Id*. at 5. In diagnosing legal pneumoconiosis, he cited Claimant's respiratory symptoms, the results of pulmonary function testing, the absence of any smoking history, and the fact that there are no other occupational or environmental exposures that could explain Claimant's condition. *Id*. Finally, he referenced medical literature to support his conclusion that coal mine dust exposure is a significant contributing factor of Claimant's obstructive lung disease. *Id*. at 5-6.

In his deposition, Dr. Go acknowledged it was possible that obesity could have contributed to the decline in lung function evidenced by pulmonary function testing. Employer's Exhibit 4 at 10-11. But he noted Claimant's total lung capacity was normal on objective testing. *Id*. As that finding is not consistent with a restrictive lung defect that would explain the reduced pulmonary function values, he opined obesity would not explain Claimant's lung defects by itself. *Id*. Further, he cited the presence of increased residual volume on lung function testing as also inconsistent with obesity-related lung disease. *Id*. But he reiterated his diagnosis of legal pneumoconiosis. *Id*. at 21-22. After reviewing Dr. Ranavaya's report, Dr. Go disagreed that obesity caused Claimant's obstructive lung

defect, as he noted obesity would cause restriction, not obstruction. Claimant's Exhibit 1-A. He also disputed asthma was the sole cause of Claimant's pulmonary function test results because it would not cause a reduction in diffusion capacity. *Id*.

The ALJ permissibly found Dr. Go's opinion is reasoned and documented because it is "based on the objective medical evidence" and "he clearly explained how other factors, such as Claimant's obesity[,] contribute to his lung condition." Decision and Order at 32; *see Extra Energy, Inc. v. Lawson*, 140 F.4th 138, 149-52 (4th Cir. 2025); *Cochran*, 718 F.3d at 324.

Dr. Sood diagnosed claimant with chronic obstructive pulmonary disease (COPD) in the form of mixed chronic bronchitis and emphysema and opined the disease is significantly related to, or substantially aggravated by, coal mine dust exposure. Claimant's Exhibit 3 at 8. He cited Claimant's "consistent chronic progressive respiratory symptoms, diagnosis of COPD by the treating providers, [and] use of medications given in the standard treatment of COPD" as support for his diagnosis. *Id*. at 9. With respect to objective testing, he noted Claimant's "post bronchodilator spirometry tests showing airflow obstruction (FEV1/FVC ratio < 70%), lung volume measurement showing air trapping, diffusing capacity measurement showing a reduced value, and a decrease in oxygen saturation during ambulation" also support a legal pneumoconiosis diagnosis. *Id*. Finally, he noted Claimant has legal pneumoconiosis because his dust exposure "was of adequate duration (11 + years); adequate intensity (working in very dusty areas of surface coal mines); and adequate latency (of approximately four decades between the onset of exposure and onset of disease)." *Id*. at 9. Like Dr. Go, Dr. Sood indicated medical literature supports the conclusion that Claimant's coal mine dust exposure is a significant contributing factor of his obstructive lung disease. *Id*.

During his deposition, Dr. Sood opined Claimant's obesity is a contributing factor to his lung condition but testified that obesity would not explain Claimant's abnormal diffusing capacity and decrease in oxygen saturation. Employer's Exhibit 4 at 24-25. With respect to diesel fuel fumes as a contributing factor, he noted this environmental exposure was not recorded in Claimant's history, but he nonetheless conceded Claimant likely was exposed to it during his lifetime. *Id*. at 21. Nonetheless, he reiterated his diagnosis that coal mine dust exposure significantly contributed to Claimant's respiratory impairment. *Id*. at 30-35.

The ALJ permissibly found Dr. Sood's opinion is reasoned and documented because he based it "on the objective medical evidence[,] and he clearly explained how he reached

his conclusions."[6] Decision and Order at 32; *Lawson*, 140 F.4th at 149-52; *Cochran*, 718 F.3d at 324.

With respect to the contrary opinions of Drs. Fino and Ranavaya, the ALJ noted both doctors diagnosed Claimant with respiratory impairments. Decision and Order at 32-33. Specifically, Dr. Fino opined Claimant's pulmonary function testing reveals both an obstructive and a restrictive impairment evidenced by reduced FEV1 and FVC values. Director's Exhibit 37 at 10. He opined the impairments are due to Claimant's morbid obesity. *Id.* In addition, he stated Claimant may have a component of asthma based on "some improvement" of the impairments after the use of bronchodilators and noted "[c]oal dust disease should not improve after the use of bronchodilators." *Id.* He concluded there is "insufficient evidence" to justify a diagnosis of legal pneumoconiosis. *Id.* at 11.

Dr. Ranavaya opined Claimant does not have chronic bronchitis based on the absence of a daily cough productive of sputum over three months for at least two consecutive years. Employer's Exhibit 7 at 9-10. However, he diagnosed Claimant with asthma. *Id.* at 10. He explained there is "substantial objective evidence of current and ongoing airway hyperresponsiveness i.e., bronchial asthma in the form of substantial FEV1 and FVC reversibility on [pulmonary] objective testing in this case." *Id.* He opined the irreversible portion of the asthma can be explained by airway remodeling. *Id.* at 10-11. Further, he disagreed with Dr. Celko that Claimant's symptoms of shortness of breath upon exertion, coughing, and wheezing indicate the asthma is due to coal mine dust exposure, as Dr. Ranavaya stated these symptoms can be explained by Claimant's obesity. *Id.* Specifically, he detailed the severe adverse effect of morbid obesity on cardiopulmonary function. *Id.* at 13-16. Based on the objective testing and physical examination, he concluded obesity is the primary cause of Claimant's symptoms. *Id.* at 16. He also stated Claimant's cardiopulmonary issues are aggravated by his asthma. *Id.*

The ALJ permissibly discredited the opinions of Drs. Fino and Ranavaya because they failed to explain why, even if obesity and asthma can explain Claimant's symptoms and impairments, his decline in symptoms and asthma are not significantly related to, or substantially aggravated by, coal mine dust exposure. *Westmoreland Coal Co. v. Stallard*, 876 F.3d 663, 673-74 n.4 (4th Cir. 2017) (ALJ permissibly discredited medical opinions that "solely focused on smoking" as a cause of obstruction and did not adequately address "why coal dust could not have been an additional cause"); Decision and Order at 33.

[6] The ALJ found Dr. Sood's discussion about diesel fuel exposure is speculative. Decision and Order at 32. Thus, he did not deduct any weight from Dr. Sood's opinion based on this aspect of his opinion.

Employer asserts the ALJ's consideration of the medical opinion evidence is inconsistent with the holding of the Fourth Circuit in *American Energy, LLC v. Director, OWCP* [*Goode*], 106 F.4th 319, 332-36 (4th Cir. 2024). Employer's Brief at 7-9. We disagree. In that case, the Fourth Circuit court held an ALJ may not resolve the conflict in medical opinions as to whether a miner's COPD is due solely to smoking or is also due in part to coal mine dust exposure by mere citation to the preamble to the revised 2001 regulations.[7] *Goode*, 106 F.4th at 332-36. Unlike the case in *Goode*, the ALJ, in this case, did not rely on the preamble's recognition that the effects of smoking and coal dust exposure may be additive to credit and discredit opposing medical opinions. Rather, the ALJ assessed the credibility of each medical opinion and found the opinions of Drs. Go and Sood are reasoned and documented, as well as more persuasive than the contrary opinions of Drs. Fino and Ranavaya. *See Lawson*, 140 F.4th at 149-52 (rejecting argument that ALJ's credibility finding is inconsistent with *Goode* where she "analyzed each expert opinion independently and evaluated the level of reasoning and documentation in each opinion" and explained basis for crediting them). Further, the ALJ adequately explained his basis for reaching this finding. *See Looney*, 678 F.3d at 316.

Employer also argues the ALJ applied an improper standard by requiring Drs. Fino and Ranavaya to "rule out" coal mine dust exposure as a causative factor for Claimant's respiratory impairments and thus shifted the burden of proof to it. Employer's Brief at 3-4. Contrary to Employer's argument, the ALJ recognized that Claimant bears the burden of establishing that he has legal pneumoconiosis. Decision and Order at 26. In addition, he noted that legal pneumoconiosis includes any chronic lung disease or impairment significantly related to, or substantially aggravated by, dust exposure in coal mine employment. 20 C.F.R. §718.201(a)(2), (b); Decision and Order at 25. He found Claimant met his burden through the reasoned and documented opinions of Drs. Go and Sood. Decision and Order at 32. When considering the contrary opinions of Drs. Fino and

[7] In *American Energy, LLC v. Director, OWCP* [*Goode*], 106 F.4th 319 (4th Cir. 2024), the employer's physicians attributed the claimant's impairment to smoking only, while the claimant's expert attributed it to both smoking and coal mine dust exposure. The ALJ credited the claimant's physicians and discredited the employer's physicians solely because the preamble to the revised 2001 regulations states that coal mine dust inhalation and smoking may have additive effects, 65 Fed. Reg. 79,940, 79,941, 79,943 (Dec. 20, 2000). The Fourth Circuit reversed, holding that citation to the preamble cannot meet a claimant's burden of proving coal dust exposure significantly contributes to a smoking-related impairment without additional reasons for preferring the claimant's expert. *Goode*, 106 F.4th at 332-33. The court explained the burden remains on the claimant to establish the miner's lung disease more likely than not arose from coal mine employment; it is not the employer's burden to explain why coal dust exposure is not a contributing cause of the disease. *Id.* at 327, 332-33.

Ranavaya, he did not reject them as failing to meet a particular definition of legal pneumoconiosis. Rather, he found them inadequately reasoned and therefore insufficient to support their own conclusions that coal mine dust did not contribute to, or aggravate, Claimant's respiratory impairment. Thus we reject this argument.

Finally, Employer argues the ALJ erred in crediting the opinions of Drs. Go and Sood because they did not adequately explain their conclusions or address other potential exposures when diagnosing legal pneumoconiosis. Employer's Brief at 5-8. It also argues Drs. Fino and Ranavaya adequately explained their exclusion of the disease. We consider Employer's arguments to be a request to reweigh the evidence, which we are not empowered to do. *Anderson*, 12 BLR at 1-113. Because it is supported by substantial evidence, we affirm the ALJ's finding that Claimant established legal pneumoconiosis. 20 C.F.R. §§718.201(a)(2)(b), 718.202(a)(4).

Total Disability

A miner is totally disabled if his pulmonary or respiratory impairment, standing alone, prevents him from performing his usual coal mine work and comparable gainful work. *See* 20 C.F.R. §718.204(b)(1). A claimant may establish total disability based on qualifying pulmonary function studies or arterial blood gas studies[8], evidence of pneumoconiosis and cor pulmonale with right-sided congestive heart failure, or medical opinions. 20 C.F.R. §718.204(b)(2)(i)-(iv). The ALJ must weigh all relevant supporting evidence against all relevant contrary evidence. *See Rafferty v. Jones & Laughlin Steel Corp.*, 9 BLR 1-231, 1-232 (1987); *Shedlock v. Bethlehem Mines Corp.*, 9 BLR 1-195, 1-198 (1986), *aff'd on recon.*, 9 BLR 1-236 (1987) (en banc). Qualifying evidence in any of the four categories establishes total disability when there is no "contrary probative evidence." 20 C.F.R. §718.204(b)(2).

The ALJ found Claimant did not establish total disability based on the pulmonary function study evidence because the record contains one qualifying study and one non-qualifying study, and thus this evidence is in equipoise. 20 C.F.R. §718.204(b)(2)(i); Decision and Order at 35. He also found Claimant did not establish total disability based on the arterial blood gas studies as there is no qualifying test in the record. 20 C.F.R. §718.204(b)(2)(ii); Decision and Order at 36. Because there is no evidence of cor pulmonale with right-sided congestive heart failure, the ALJ found Claimant cannot

[8] A "qualifying" pulmonary function study or arterial blood gas study yields results equal to or less than the applicable table values listed in Appendices B and C of 20 C.F.R. Part 718, respectively. A "non-qualifying" study yields results exceeding those values. *See* 20 C.F.R. §718.204(b)(2)(i), (ii).

establish total disability based on this evidence. 20 C.F.R. §718.204(b)(2)(iii); Decision and Order at 34.

However, the ALJ found Claimant established total disability based on the medical opinion evidence. 20 C.F.R. §718.204(b)(2)(iv); Decision and Order at 36-38. Specifically, he found the opinions of Drs. Go and Sood that Claimant is totally disabled by a respiratory or pulmonary impairment are reasoned and documented and outweigh the contrary opinions of Drs. Fino and Ranavaya that Claimant is not totally disabled. Decision and Order at 37-38. He further found Claimant established total disability based on all relevant evidence. 20 C.F.R. §718.204(b)(2); Decision and Order at 38.

Employer does not challenge the ALJ's finding that Drs. Go and Sood provided reasoned and documented disability opinions that outweigh the contrary opinions of Drs. Fino and Ranavaya. Decision and Order at 37-38. Thus we affirm this finding. *Skrack v. Island Creek Coal Co.*, 6 BLR 1-710, 1-711 (1983). Employer instead contends the ALJ erred in finding the pulmonary function testing is in equipoise. Employer's Brief at 4-5. However, Claimant did not establish total disability through pulmonary function testing; he established it through medical opinion evidence. A physician may conclude a miner is totally disabled even if the objective studies are non-qualifying. *See Milburn Colliery Co. v. Hicks*, 138 F.3d 524, 533 (4th Cir. 1998); *Cornett v. Benham Coal, Inc.*, 227 F.3d 569, 578 (6th Cir. 2000) (even a mild impairment may be totally disabling depending on the exertional requirements of a miner's usual coal mine employment); 20 C.F.R. §718.204(b)(2)(iv). Thus Employer has not set forth how the error it alleges could make a difference.[9] *See Shinseki v. Sanders*, 556 U.S. 396, 413 (2009) (dismissing error as harmless when appellant fails to explain how "error to which he points could have made any difference"). As Employer raises no other argument, we affirm the ALJ's conclusion that Claimant established total disability. 20 C.F.R. §718.204(b)(2).

We also affirm, as unchallenged on appeal, the ALJ's finding that Claimant established legal pneumoconiosis substantially contributes to his total disability. 20 C.F.R. §718.204(c)(1); *see Skrack*, 6 BLR at 1-711; Decision and Order at 29-30. Consequently,

[9] Nor is there merit to Employer's argument that the ALJ should have credited the non-qualifying pulmonary function study over the qualifying pulmonary function study because the former study is more recent. Employer's Brief at 4-5. The Fourth Circuit and the Board both have held it irrational to credit evidence solely because of recency if it shows the miner's condition has improved. *See Adkins v. Director, OWCP*, 958 F.2d 49, 51-52 (4th Cir. 1992); *Thorn v. Itmann Coal Co.*, 3 F.3d 713, 719 (4th Cir. 1993); *Kincaid v. Island Creek Coal Co*., 26 BLR 1-43, 1-50-52 (2023) (recency can only be used as a basis to credit newer tests over older tests when the more recent tests show a deterioration consistent with the progressive nature of pneumoconiosis).

we affirm the ALJ's finding that Claimant established all the elements of entitlement at Part 718.

Accordingly, we affirm the ALJ's Decision and Order Awarding Benefits.

SO ORDERED.

DANIEL T. GRESH, Chief
Administrative Appeals Judge

MELISSA LIN JONES
Administrative Appeals Judge

GLENN E. ULMER
Administrative Appeals Judge